Town of Amherst
Emergency Assistance Program

Checklist

To qualify applicants must be a current Amherst resident, be income eligible and be willing to consult with a social service. Assistance can be provided only once per person.

1. ☐ Complete the **Application** form.

2. ☐ Provide **Proof of Income** for all members of your household. (For example: 2 paystubs, social security or SSDI statements, transitional assistance payments, child support payments, etc.) Originals are not necessary.

3. You are seeking funds for: (Check one)

   ☐ Rent. Provide a **Notice to Quit, an Eviction Notice,** or other communication from your landlord that shows how much rent is overdue.

   ☐ Utilities. Provide a **Shut-off Notice** or other communication from the utility company that shows the amount of money owed.

   Include any other information that documents your emergency situation.

4. ☐ Provide a **letter or email from a social service program** or agency you have been working   with. In order to receive emergency assistance, we ask you to consult with a social service program that can help you avoid financial emergencies in the future. We can provide referrals to programs if needed, please.

   Meeting with staff is by **appointment only**. We are not available for drop-ins.

   Amherst Health Department
   Bangs Community Center
   70 Boltwood Walk, Amherst, MA 01002
   FAX: 413-259-2404
   Phone: (413) 259-3077

o If your application is approved, a pledge letter will be sent directly to the landlord or utility company that indicates the amount of funding that this Emergency Fund will provide. A check will be sent directly to the landlord or utility company within approximately 2 to 3 weeks.

Town of Amherst

Emergency Assistance Program

Application

First	Middle Initial	Last	Date of Application

Gender	E-mail	Phone Number

Date of Birth	Home Address

Please list all members of your household, including yourself. If you or other household members are receiving any form of income, please provide verification.			
Name	Employment Income (Monthly Gross)	Other Income such as Unemployment or SSI/SSDI benefits (Monthly)	Age
Your Name 1)	$	$	
2)	$	$	
3)	$	$	
4)	$	$	
5)	$	$	
6)	$	$	
			Total Income
Total gross annual income	$	$	$

Non Cash Benefits
Do you receive any of the following?
[ ] Housing Subsidy
[ ] SNAP Benefits
[ ] Mass Health [ ] Commonwealth Care
[ ] Tuition Assistance
[ ] Fuel Assistance
[ ] Other_____

Disability
If you are disabled and it is relevant to your request for emergency assistance, you may want to describe your disability. You are not required to do so.

Please mark what best describes your financial needs.

Rental Arrears ☐   Security Deposit ☐   Utility Shut-off ☐

Other:_____

How much funds will you need to help your situation? ………………………………$_____
Do you have any funds to contribute, if yes how much?................................. $ _____
Are there other resources that are helping you with funds, if yes how much?..$_____
How much funds are you requesting from the Town of Amherst?................... $_____

What are the circumstances of your emergency and what caused it?

Please explain how our program will help your circumstances.

What additional steps do you plan to take to address the situation?

Please list the other agencies/social service provider helping you to reach your goal?

Agency/Organization	Date of Meeting	Amount of Assistance	Outcome
1.)			
2.)			
3.)			

I, _____ certify that the information I have given in this application is true and correct. I have signed under the pains and penalties of perjury. I understand that a photocopy of this signature is as valid as the original.

_____   _____
 Signature   Date

Town of Amherst
Emergency Assistance Program

Release of Information
Authorization

Today's Date _____

I, _____ hereby give my permission to the Town of Amherst staff to discuss and/or furnish written information regarding myself and household members. I also authorize the staff to speak on my behalf to acquire pertinent information regarding my household.

I understand that I may withdraw this permission at any time upon my written request.

Otherwise, this permission will expire one year from the date I sign this form

Signature of applicant: _____ Date: _____

Town of Amherst Staff _____ Date: _____

May we contact you in a six months to understand how our program may have assisted you?

Yes ☐   No ☐